

COMPUTER
RUN DATE

1. NAME (First, MI, Last, and optional suffix such as Jr. III)			2. Social Security Number		3. Other name (s) under which your records are filed		DATE	
4. Mailing Address			5. Street Address (if needed)		6. City or Town		7. State	
							8. Zip Code	
9. Home Phone		10. Sex M-Male F-Female		11. Date of Birth mo. / day / yr.		RETURN TO: DEPARTMENT OF EDUCATION CERTIFICATION OFFICE 23 STATE HOUSE STATION, AUGUSTA, ME 04333-0023		

THE FOLLOWING QUESTIONS MUST BE ANSWERED:

- If the answer is yes to any of the above, please attach a detailed explanation and, if necessary, required court documents.
(See enclosed instructions.)

I hereby certify that this application contains no willful misrepresentations or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I understand that my answers may be verified and that I may be declared ineligible for authorization if there are any misstatements.

SIGNATURE OF APPLICANT _____ DATE _____

You may elect to use M/C or VISA to pay the \$25.00 fee. Please check card type and enter correct information.

M/C _____ VISA _____ EXPIRATION DATE _____ ACCOUNT NUMER _____

Cardholder Signature Required: _____

DEPT. USE ONLY	Re-new	Line No.	Class	Type	Level	AUTHORIZATION CODES						Expiration Date	DEPT. USE ONLY	

DO NOT WRITE BELOW THIS LINE